

FILED JAN 20 1942

State File No.

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 2 months

3. (a) PRINT David B. Cullom
FULL NAME

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 29 th 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Warrenton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Cullom

13. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emily Jones

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Cullom

(b) Address Mount Olive Ill

17. (a) Burial (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1941 hour minute 10pm M.

21. I hereby certify that I attended the deceased from Dec 2 1941 to Dec 24 1941,
that I last saw him alive on Dec 21 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis years
Due to Preexisting & Urinary 1 mo
Retention
Due to Generalized years
Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. J. T. Anderson M.D. (M. D. or other) M.D.
Address Montgomery City, Mo Date signed 12/26/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by on the 24
day of Dec 1941
working under my personal supervision.

Signed _____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42549**
Registrar's No.

Registration District No. **592**

Primary Registration District No. **4850**

1. PLACE OF DEATH

(a) County **Montgomery**
(b) City or town **Montgomery**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

David B. Cullom

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

M

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased

Jan. 29
(Month) (Day) (Year)

8. AGE:

Years

87

Months

10

Days

25

If less than one day

12 min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

Mrs. O. E. Vandave
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH

Month

Day

year **1941**

hour

minute

M.

21. I hereby certify that I attended the deceased from _____

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____

(M. D. or other)

Address _____

Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every aspect of their operations, from procurement to sales, to ensure that all data is captured and stored securely.

2. The second section focuses on the role of technology in modern record management. It highlights how digital tools and software solutions can significantly enhance the efficiency and accuracy of record-keeping processes. By leveraging automation, organizations can reduce the risk of human error and streamline their workflows, allowing them to focus more on strategic initiatives rather than administrative tasks.

3. The third part of the document addresses the challenges associated with data security and privacy. It notes that as the volume of data increases, the risk of breaches and unauthorized access also grows. Therefore, it is crucial for organizations to adopt strong security protocols, including encryption, access controls, and regular security audits, to protect their sensitive information and maintain compliance with relevant regulations.

4. The final section discusses the importance of training and education for staff involved in record management. It argues that even the most advanced technology is only as good as the people using it. Organizations should invest in ongoing training programs to ensure that employees are up-to-date on the latest best practices and security measures, fostering a culture of continuous learning and improvement.